



Evidence Beyond the Health Sector

Karen Lock

NIHR School for Public Health Research

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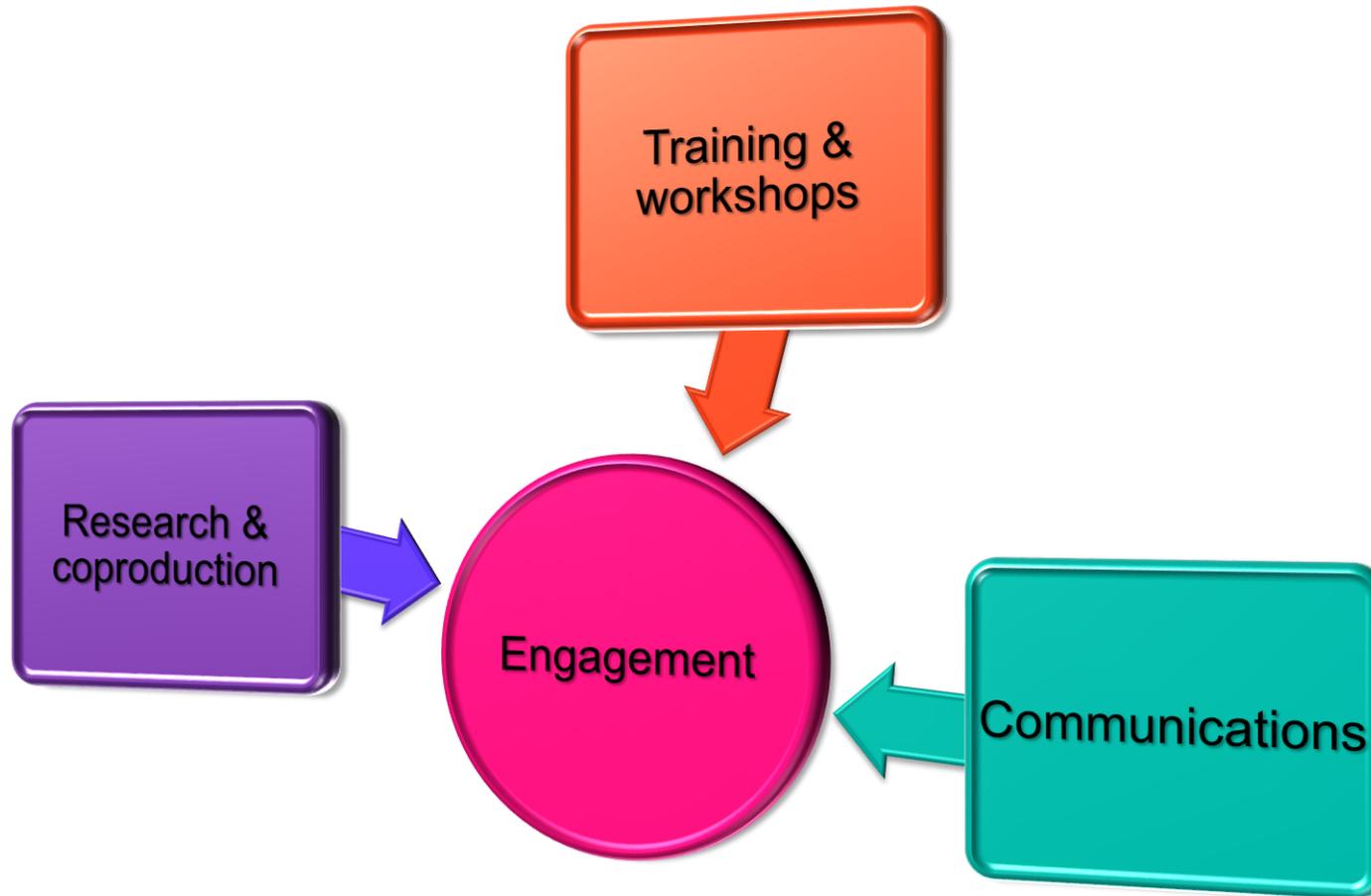
What do we do?

- Our work aims to help local government to better use social, environmental and other policies to improve population health
- **Our research aims to strengthen the evidence base and improve understanding on the social and environmental factors that determine health through:**
 - Improving knowledge
 - Developing evaluation
 - Policy analysis
 - Practitioner and public involvement in research





How does SPHR@L engage with our different audiences?



Background

- Move of Public Health into local government
 - Opportunities for intersectoral working on social determinants of health
 - Evidence use may be different in other local government sectors
- Explore and understand the context of evidence-practice relations in non-health sectors
 - Especially environment-related, e.g. housing, planning, transport, licensing

‘Evidence Beyond the Health Sector’



Central Premise

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Policymakers use and value research evidence differently to academics.

Understanding these differences will improve the eventual impact of any research for local government policy.



Series of inter linked studies

- ◆ Systematic review of literature
 - How do local [non-health] decision-makers perceive and use research evidence?
- ◆ Field work
 - Organisational ethnographic study of local authority departments involved in ‘environmental’ policy issues including planning, trading standards, licencing, housing, transport
 - Focus groups with planners and other built environment practitioners
 - Interviews with housing practitioners on the use of evidence and experimental evaluation designs
 - *What does the work of local government entail and what logic underpins actions?*
 - *What information resources are employed, how and why?*
 - *How are actions assessed and valued?*

Systematic Literature Review

Methods:

- Searched a broad range of sources- not just scientific published studies
- Include: studies of local decision-makers in built-environment sectors; data about perceptions or use of research evidence

Findings:

- Research evidence often not used in day to day practice
- When it is used, it is for many reasons:
 - to justify decisions after the fact
 - to inform decision-making
 - to meet targets etc.
- Much evidence isn't readily usable:
 - doesn't add to what people already know
 - not politically feasible, or contravenes legislation
- Concerns re applicability of evidence from other contexts

Cultures of evidence across policy sectors: systematic review of qualitative evidence

Theo Lorenc¹, Elizabeth F. Tyner², Mark Petticrew¹, Steven Duffy³, Fred P. Martineau², Gemma Phillips², Karen Lock²

1 Department of Social and Environmental Health Research, School for Public Health Research, London School of Hygiene and Tropical Medicine, London, UK

2 Department of Health Services Research and Policy, School for Public Health Research, London School of Hygiene and Tropical Medicine, London, UK

3 Centre for Reviews and Dissemination, University of York, York

Correspondence: Theo Lorenc, Department of Science, Technology, Engineering and Public Policy (STeAPP), University College London, Gower Street, London WC1E 6BT, UK, Tel: +44 (0)20 76795743, e-mail: t.lorenc@ucl.ac.uk

Present address: Department of Science, Technology, Engineering and Public Policy (STeAPP), University College London, London

Background: It is important to understand the decision-making process, and the role of research evidence within it, across sectors other than health, as interventions delivered within these sectors may have substantial impacts on public health and health inequalities. **Methods:** Systematic review of qualitative evidence. Twenty-eight databases covering a range of sectors were searched. Studies were eligible if they included local decision-makers in a policy field relevant to the social determinants of health (including housing, transport, urban planning and regeneration, crime, licensing or trading standards), were conducted in a high-income country, and reported primary qualitative data on perceptions of research evidence. Study quality was assessed and a thematic synthesis undertaken. **Results:** Sixteen studies were included, most using interview designs, and most focusing on planning or transport policy. Several factors are seen to influence decision-makers' views of evidence, including practical factors such as resources or organizational support; the credibility of the evidence; its relevance or applicability to practice; considerations of political support or feasibility; and legislative constraints. There are limited data on how evidence is used: it is sometimes used to not only support decision-making, but also to lend legitimacy to decisions that have already been made. **Conclusion:** Although cultures of evidence in non-health sectors are similar to those in health in some ways, there are some key differences, particularly as regards the political context of decision-making. Intersectoral public health research could benefit from taking into account non-health decision makers' needs and preferences, particularly around relevance and political feasibility.

Ethnography: summary

AIM: to produce a grounded understanding of local government practice and knowledge creation and application

- ‘Custodians of the local environment’: Social, commercial, built environment
 - Preventing harm and injustice / making safe, fair and prosperous
 - Controlling / Maintaining / Improving / Providing / (Rebalancing?)
- Legislation underpins much of the work (“creatures of statute”)
- Negotiating agendas is key (agendas conflicting and changing)
- Knowledge resources – describing the problem / justifying legalistic actions, direct local experience and expertise (i.e. geographically and professionally situated)
- Accountability – legal, financial, political – multiple outcomes
- Evaluation ≠ generalisable knowledge
- Evolving nature of practice
- Localism- uniqueness and competition important
- Standardising and transferring best practice not a priority
- Evaluation is for accountability and evolving practice

Ethnography Findings

Negotiating agendas

*... It's our job to sort of work with members and devise policy, implement it and then in my case, because I do a lot of statutory work, it's around making sure that we **comply with all the kind of legislative requirements** that are on us. And, you know, that we apply the way that we do that to a kind of level that's **responsive to our population**... I suppose you've always got one eye on like what's, **what's achievable financially**, so that's kind of one consideration. The other is you can't have too many things running at once... Um, but some things, you know, sometimes just really big things come along and you just have to move on with it., **you've just got to do it.***

Service Director

Ethnography Findings

Evaluating actions- what and for whom?

*Well I mean, I think the key benefits for, I mean for us in Trading Standards was the locality thing and the huge, [pause] the positive aspect of working with businesses in that way because that was really, really incredibly positive, so that was of real value to us. And I suppose it, you know, you did see, I mean it was, **the problem with the statistics because they're quite small areas, was that it didn't make a huge effect in terms of reduction**, there was a reduction in ASB but not a huge reduction.*

Trading standards team manager

Working for the public health: politics, localism and epistemologies of practice

Gemma Phillips and Judith Green

School for Public Health Research, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK

Abstract The recent move of public health back to English local government has reignited debates about the role of a medicalised public health profession. The explicit policy rationale for the move was that local government is the arena in which the social determinants of health can be addressed, and that public health specialists could provide neutral evidence to support action on these. However, if a discourse of 'evidence-based' policy is in principle (if not practice) relatively unproblematic within the health arena, within the more overtly politicised local government space, rather different policy imperatives come to the fore. Responding to calls for research on evidence in practice, this article draws on ethnographic data of local authorities in the first year of the reorganised public health function. Focusing on alcohol policy, we explore how decisions that affect public health are rationalised and enacted through discourses of localism, empiricism and holism. These frame policy outcomes as inevitably plural and contingent: a framing which sits uneasily with normative discourses of evidence-based policy. We argue that locating public health in local government necessitates a refocusing of how evidence for public health is conceptualised, to incorporate multiple, and political, understandings of health and wellbeing.

Findings: Focus groups with Planners and Built Environment Professionals

McGill E, Egan M, Petticrew M, Mountford L, Milton S, Whitehead M, Lock K. Trading quality for relevance: non-health decision-makers' use of evidence on the social determinants of health *BMJ Open*. 2015;5:e007053 doi:10.1136/bmjopen-2014-007053

- Participants described a range of data and information that constitutes evidence, of which academic research is only one part.
- Built environment decision makers value empirical evidence but also emphasise the legitimacy and relevance of less empirical ways of thinking
- Participants prioritised evidence on the acceptability, deliverability and sustainability of interventions over evidence of longer-term outcomes (including many health outcomes).
- Participants generally privileged local information, including personal experiences and local data, but were less willing to accept evidence from contexts perceived to be different from their own.

What do local practitioners value?

Local information

- GIS
- Local routine data
- Self-generated qualitative and quantitative data
- Personal knowledge and experience
- Findings from similar LA context



Creativity

- Uniqueness
- Leading innovation
- Locally tailored
- Fits a 'philosophy'

Reassurance that an intervention is 'viable' in their area for their practice

- Acceptability
- Deliverability
- Cost
- Legislative framework

What about Robust Evidence of Outcomes?

Often scepticism about:

- Local relevance
 - Context over generalisability
- Can be lack of clear findings in scientific studies with 'robust designs'

Implications

Action on the social determinants of health & use of evidence

- Limitation – multiple changing agendas, legislation, finances

Evidence and evaluation

- Using research evidence vs. personal knowledge resources
- Multiple outcomes important
- Epistemology - applying knowledge from other contexts/ other disciplines or professions
- Evolving work

Politics

- Is evidence objective and neutral?

Final thoughts

2 major challenges we will struggle to overcome

- External validity of methodologically robust studies
- Uncertainty about long term (health) impacts

2 major issues we think we can get better at

- Improve our understanding of the priorities and decision-making processes of local professionals
- (Co-)design and deliver research that ask the questions and measure the outcomes that fit those priorities and processes.

Reuniting planning and health evidence and practice?

- What are the tensions in planning practice that effect public health being considered?
- How do we ensure health research informs urban planning policy?

Tensions:

- Officers need to build a local evidence base that balances headline evidence of the relationship between planning decisions and health with local evidence that ***illuminates local needs and local success in promoting health***
- broad-based evidence from the academic literature about the long-term health outcomes of spatial design interventions does not translate easily into a calculation of the specific benefits and cost savings in an area where a development is proposed.
- Conflicts arise not just between health outcomes and commercial outcomes but also between different health outcomes
- Where possible, health-improving interventions should align with the broader interests of planners and developers as this will help to secure their inclusion in new proposals. The case is harder to make when such health-improving interventions constrain development, for then they are likely to be challenged by developers

Ensuring planning policy includes health

- Officers need to build a local evidence base that balances headline evidence of the relationship between planning decisions and health with local evidence that illuminates local needs and local success in promoting health and wellbeing.
- Evidence about need has to be matched with evidence about interventions designed to address need.
- Evaluating new local developments: developing use of methods for a case study approach

'A case study... offers planners and public health specialists a means of expanding their local evidence base with real data about the impact of development decisions on the health and wellbeing of the local population'

planning for public health – building the local evidence base

Will Anderson, Matt Egan, André Pinto and Lesley Mountford consider how best to gain local evidence of the impact of spatial planning decisions on health and wellbeing

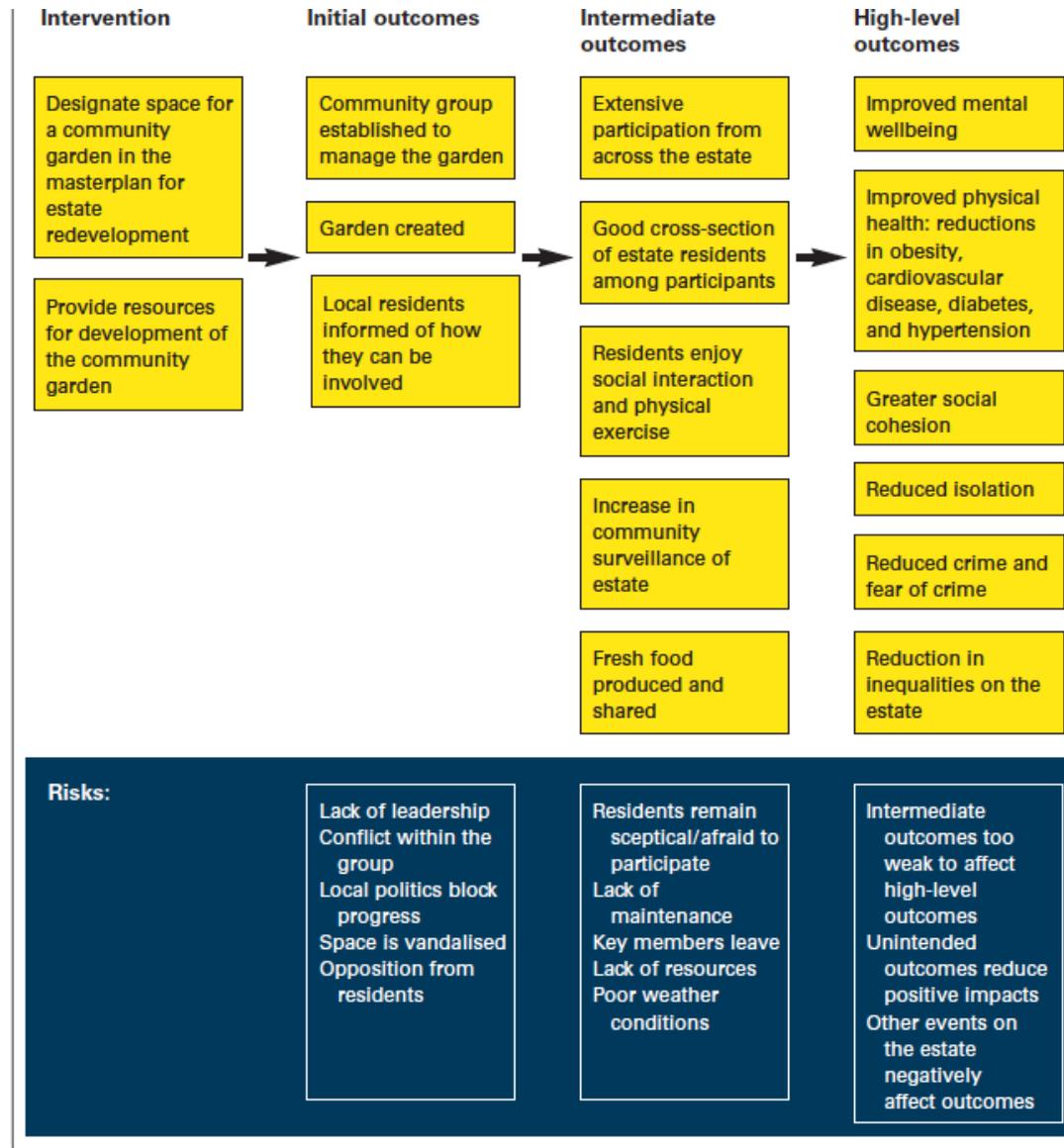


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Effective means of evidence-gathering are required for spatial planning interventions that seek to improve health and wellbeing

In recent years a good deal of work has been undertaken to reconnect the planning and public health professions. The return of the public health workforce to local government in England and the higher profile given to health and wellbeing in the National Planning Policy Framework have both brought new momentum to this work. In March 2014, the Government published its National Planning Practice Guidance, which reiterated that 'Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making'.¹

The TCPA's Reuniting Health with Planning project has generated both detailed guidance for planners and public health specialists² and an analysis of the challenges and opportunities facing the two professions at a time when the opportunity for closer working is greater, at least in unitary authorities, but budgets are under pressure.³ A recurrent theme in the TCPA's work has been the challenge of finding, generating and using appropriate evidence to make the case for spatial planning interventions that seek to improve health and wellbeing. The 2012 guidance, *Reuniting Health with Planning*,² recommended that planners and public health specialists develop a



Above

Fig. 1 Logic model: health and wellbeing outcomes from designating space for a community garden in an estate masterplan

Some issues

Academics can facilitate evidence informed local practice by

- helping to improve local level informatics.
- providing training and support in local data collection and evaluation
- developing methods for evaluating local case studies more rigorously

2 major challenges to overcome

- Local practitioners are confused and/or sceptical by academic evidence of intervention outcomes (including health outcomes)
- They often discount academic studies as insufficiently relevant to their local area and practice.

One way of improving local evidence base through engagement/co-production: Routes in

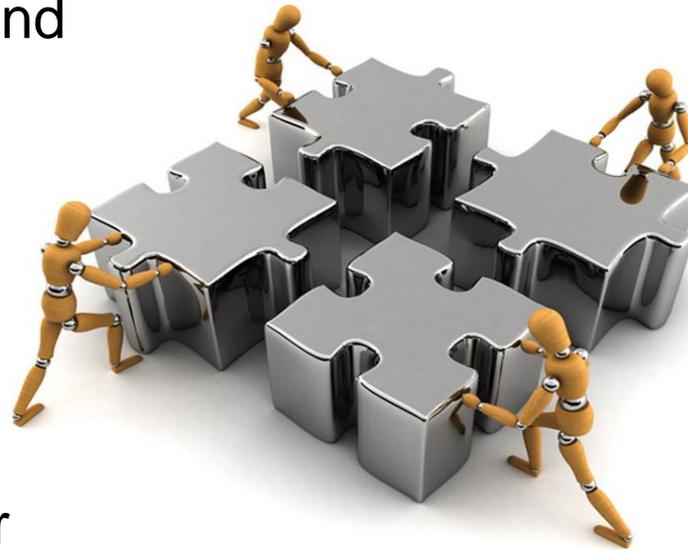
- **Networking:** our contacts with local practitioners gives us opportunities to find out about potential research projects and data
(‘Reducing the strength’)
- **PPI:** Studies with community settings are designed and delivered in consultation with people from the community.
(‘Communities in control’)
- **PHPES scheme:** NIHR SPHR funding programme that requires local practitioners to apply for grants jointly with academic partners.
(‘Cumulative impact zones’)

Engagement/co-production issues

Accommodating
different
perspectives and
priorities

Different
timescales

Sensitivities
about findings?



Helps to have
flexible budget or
specific funding
stream

Lots of
common
ground

The way ahead?

- We reject a model of capacity building that says ‘it’s only the other folk who have to change’
- Local practitioners use evidence, but they have reservations about using much of the available academic evidence – problems of complexity, accessibility and relevance to local practice.
- Academics can help improve the quality of locally relevant evidence and/or improve the external validity of evaluative and other research but neither of these are problem-free solutions.
- Research needs to be developed in more interdisciplinary ways to meet needs in local government

Recommendations for academics (including ourselves)

Academics can facilitate evidence informed local practice by

- helping to improve local level informatics.
- providing training and support in local data collection and evaluation
- developing methods for evaluating local case studies more rigorously
- Co-produce research with local practitioners across disciplines – e.g. evaluating local innovation



<http://sphr.lshtm.ac.uk>

- Joanna Akhgar
- Steve Cummins
- Matt Egan
- Gregory Hartwell
- Karen Lock
- Elizabeth McGill
- Sarah Milton
- Triantafyllos Pliakas
- Mark Petticrew
- Ruth Ponsford
- Joanna Reynolds

Affiliates

- Judith Green
- Daniel Grace
- Theo Lorenc
- Dalya Marks
- Fred Martineau
- Lesley Mountford
- Gemma Phillips
- Rebecca Steinbach

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